

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
10/849.211

Filing Date
05/20/2004

☐ To be Mailed

APPLICATION AS FILED – PART I

(Column 1)

(Column 2)

SMALL ENTITY ☐

OR

OTHER THAN
SMALL ENTITY

FOR		NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
<input type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A	N/A	N/A			N/A	
<input type="checkbox"/> SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A	N/A	N/A			N/A	
<input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A	N/A	N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	*	X \$ =		X \$ =			
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X \$ =		X \$ =			
<input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i))								
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		TOTAL		

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT	10/27/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	+ 3	Minus	= 20	= 0	X \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	+ 3	Minus	= 5	= 0	X \$ =		OR	X \$200=	0
	<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))									
	<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									
								OR		
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	

	(Column 1)	(Column 2)	(Column 3)
1. <i>Age</i>	0.000	0.000	0.000
2. <i>Gender</i>	0.000	0.000	0.000
3. <i>Married</i>	0.000	0.000	0.000
4. <i>Children</i>	0.000	0.000	0.000
5. <i>Religion</i>	0.000	0.000	0.000
6. <i>Education</i>	0.000	0.000	0.000
7. <i>Income</i>	0.000	0.000	0.000
8. <i>Health</i>	0.000	0.000	0.000
9. <i>Smoking</i>	0.000	0.000	0.000
10. <i>Drinking</i>	0.000	0.000	0.000
11. <i>Exercise</i>	0.000	0.000	0.000
12. <i>Stress</i>	0.000	0.000	0.000
13. <i>Sleep</i>	0.000	0.000	0.000
14. <i>Appetite</i>	0.000	0.000	0.000
15. <i>Weight</i>	0.000	0.000	0.000
16. <i>Blood Pressure</i>	0.000	0.000	0.000
17. <i>Cholesterol</i>	0.000	0.000	0.000
18. <i>Diabetes</i>	0.000	0.000	0.000
19. <i>Heart Disease</i>	0.000	0.000	0.000
20. <i>Stroke</i>	0.000	0.000	0.000
21. <i>Alzheimer's</i>	0.000	0.000	0.000
22. <i>Parkinson's</i>	0.000	0.000	0.000
23. <i>Cancer</i>	0.000	0.000	0.000
24. <i>Depression</i>	0.000	0.000	0.000
25. <i>Anxiety</i>	0.000	0.000	0.000
26. <i>Insomnia</i>	0.000	0.000	0.000
27. <i>Obesity</i>	0.000	0.000	0.000
28. <i>Hypertension</i>	0.000	0.000	0.000
29. <i>Asthma</i>	0.000	0.000	0.000
30. <i>Arthritis</i>	0.000	0.000	0.000
31. <i>Chronic Pain</i>	0.000	0.000	0.000
32. <i>Substance Use</i>	0.000	0.000	0.000
33. <i>Mental Health</i>	0.000	0.000	0.000
34. <i>Quality of Life</i>	0.000	0.000	0.000
35. <i>Life Expectancy</i>	0.000	0.000	0.000
36. <i>Overall Health</i>	0.000	0.000	0.000
37. <i>Longevity</i>	0.000	0.000	0.000
38. <i>Healthcare Costs</i>	0.000	0.000	0.000
39. <i>Productivity</i>	0.000	0.000	0.000
40. <i>Social Interaction</i>	0.000	0.000	0.000
41. <i>Emotional Well-being</i>	0.000	0.000	0.000
42. <i>Cognitive Function</i>	0.000	0.000	0.000
43. <i>Physical Function</i>	0.000	0.000	0.000
44. <i>Functional Status</i>	0.000	0.000	0.000
45. <i>Healthcare Utilization</i>	0.000	0.000	0.000
46. <i>Medication Adherence</i>	0.000	0.000	0.000
47. <i>Healthcare Satisfaction</i>	0.000	0.000	0.000
48. <i>Healthcare Access</i>	0.000	0.000	0.000
49. <i>Healthcare Quality</i>	0.000	0.000	0.000
50. <i>Healthcare Equity</i>	0.000	0.000	0.000
51. <i>Healthcare Innovation</i>	0.000	0.000	0.000
52. <i>Healthcare Research</i>	0.000	0.000	0.000
53. <i>Healthcare Policy</i>	0.000	0.000	0.000
54. <i>Healthcare Regulation</i>	0.000	0.000	0.000
55. <i>Healthcare Reform</i>	0.000	0.000	0.000
56. <i>Healthcare System</i>	0.000	0.000	0.000
57. <i>Healthcare Infrastructure</i>	0.000	0.000	0.000
58. <i>Healthcare Workforce</i>	0.000	0.000	0.000
59. <i>Healthcare Financing</i>	0.000	0.000	0.000
60. <i>Healthcare Governance</i>	0.000	0.000	0.000
61. <i>Healthcare Accountability</i>	0.000	0.000	0.000
62. <i>Healthcare Transparency</i>	0.000	0.000	0.000
63. <i>Healthcare Integrity</i>	0.000	0.000	0.000
64. <i>Healthcare Ethics</i>	0.000	0.000	0.000
65. <i>Healthcare Law</i>	0.000	0.000	0.000
66. <i>Healthcare Regulation</i>	0.000	0.000	0.000
67. <i>Healthcare Policy</i>	0.000	0.000	0.000
68. <i>Healthcare Reform</i>	0.000	0.000	0.000
69. <i>Healthcare System</i>	0.000	0.000	0.000
70. <i>Healthcare Infrastructure</i>	0.000	0.000	0.000
71. <i>Healthcare Workforce</i>	0.000	0.000	0.000
72. <i>Healthcare Financing</i>	0.000	0.000	

(Column 1)

(Column 2)

(Column 3)

1

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	OR	RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**	=	X \$ =		X \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=	X \$ =		X \$ =	
	<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))								
	<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Legal Instrument Examiner:
Jacqueline E. Couplin

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.